

03/30/01



J0666 U.S.

04-c2-01

A/Bentley

## Certificate of Mailing

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I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.

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J1040 U.S. PTO

09/823699



03/30/01

## UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50026/022002
Applicant	Munehide Kano et al.
Title	AIDS VIRUS VACCINES USING SENDAI VIRUS VECTOR
<b>PRIORITY INFORMATION:</b>	
This application claims the benefit of the filing date of United States provisional patent application 60/193,127, filed March 30, 2000.	
<b>SMALL ENTITY STATUS:</b>	
<input type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	58 pages
Claims	1 page
Abstract	1 page
Drawing	12 sheets
Combined Declaration and POA, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	2 pages
Sequence Listing on Paper	5 pages
Sequence Listing on Diskette	1 disk
Small Entity Statement, which is: <input type="checkbox"/> A copy from prior application ["**SERIAL NUMBER**"] and such small entity status is still proper and desired.	0 page
Preliminary Amendment	0 pages

IDS	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1

**FILING FEES:**

Basic Filing Fee: \$710	\$710.00
Excess Claims Fee: 11-20 = 0 x \$18	\$0
Excess Independent Claims Fee: 3-3 = 0 x \$80	\$0
Multiple Dependent Claims Fee: \$270	\$0
Total Fees:	\$710.00

- ☒ Enclosed is a check for \$710.00 to cover the total fees.  
☐ Charge [**\*\*AMOUNT\*\***] to Deposit Account No. 03-2095 to cover the total fees.  
☐ The filing fee is not being paid at this time.  
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**CORRESPONDENCE ADDRESS:**

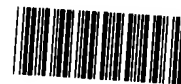
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Signature James DeCamp Reg. No. 43,580 Date March 30, 2001

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